

THERAPEUTICS

UNDER THE CHARGE OF

SAMUEL W. LAMBERT, M.D.,

PROFESSOR OF APPLIED THERAPEUTICS IN THE COLLEGE OF PHYSICIANS AND SURGEONS,
COLUMBIA UNIVERSITY, NEW YORK.

The Treatment of Syphilis with Neosalvarsan.—WOLFF and MULZER (*Münch. med. Woch.*, 1912, lix, 1706) report their results with the use of neosalvarsan in 30 cases of syphilis. They conclude that neosalvarsan is far less powerful than salvarsan as a specific for syphilis even when used in larger quantities, and that it is far more dangerous. They warn particularly against its use in ambulant patients. The toxic effects observed were as follows: A chill in 1 case; Herxheimer's reaction in 3 cases; headache, vomiting, and diarrhea in 14 cases; extensive drug eruptions in 4 cases; herpes labialis in 2 cases; nephritis, paralysis, and other severe symptoms in 1 case.

Experiences with Neosalvarsan.—KALL (*Münch. med. Woch.*, 1912, lix, 1714), upon the basis of 39 cases of syphilis treated with neosalvarsan, warns against frequent repetitions of injections because he observed severe toxic effects following the use of neosalvarsan in this way. He also condemns the recommendation that ambulant patients be treated with neosalvarsan.

The Treatment of Gout with Atophan.—BACH and STRAUSS (*Münch. med. Woch.*, 1912, lix, 1714) report 19 cases of gout treated with atophan in doses of 0.5 gram combined with sodium bicarbonate, 5 grams, at four-hour intervals for three-day periods. These periods of atophan treatment were followed in every instance by an increased uric acid excretion to double that existing before the treatment. Usually the increase in the uric acid was noted on the first day of the administration of atophan. The withdrawal of the remedy was followed by a decline of the uric acid excretion below the normal that slowly rose to its former level. The administration of the remedy gave rise to no kidney irritation and no increase in the amount of the urine. In fact 2 patients with contracted kidneys bore atophan without any untoward symptoms and with no change in the urinary findings regarding albumin and casts.

The Treatment of Diphtheria Carriers by Overriding with Staphylococcus Aureus.—LORENZ and RAVENEL (*Jour. Amer. Med. Assoc.*, 1912, lix, 690) report their results with reference to ridding the throats of diphtheria bacilli by means of a staphylococcus aureus spray. In all 17 patients received this form of treatment. Three were carriers, pure and simple, never having shown local or general symptoms of diphtheria. Six patients had clinical symptoms of diphtheria, but persisted as carriers long after convalescence had been established.

In 8 cases the staphylococcus spray was used early in the course of the diphtheria. The preparation used was a fresh suspension of the *Staphylococcus pyogenes aureus* in normal saline solution or a bouillon culture twelve hours old. The spray was given at a temperature of 96° F. Sufficient was used to make the pharynx "dripping wet" and the nasal cavities were sprayed until the liquid ran down the back of the throat. They advise a combined nasal and throat spray, to be given at four-hour intervals on two succeeding days; the first swab for examination should be made the third day. The best results were obtained in the diphtheria bacillus carriers. In 2 cases negative reports were received after six applications of the spray, and in the third after nine applications. Four other cases cleared up within one week, but on the other hand one required six weeks and another fifty days of treatment before the throat was freed of diphtheria bacilli. Lorenz and Ravenel believe that in those cases where the spray was used early in the course of the disease, better results were obtained in those patients treated with the staphylococcus spray than in those treated by the ordinary antiseptic applications.

Vaccination for Typhoid by Living Sensibilized Bacilli Typhosi.—BROUGHTON-ALCOCK (*Lancet*, 1912, clxxxiii, 504) draws the following conclusions from his observations as to the effect of vaccination with sensibilized typhoid bacilli. (1) The successful experiments on man by the method of Besredka have taken us one step forward in the application of vaccination. Cannot the sensibilized living *Bacillus typhosus* be considered in the same light as the virus of smallpox, attenuated or modified by the immunized calf-lymph, and which gives rise to a specific immunity that may be verily called ideal? (2) The sensibilized living bacilli remain alive over four months without exceptional precautions, and their preparation is simple, rapid, and practical. (3) The first dose for a woman of average size should be 500,000,000 sensibilized living bacilli in 1 c.c. of 0.8 per cent. saline. For a man of good physique the first dose should be 750,000,000 in 1 c.c. of 0.8 per cent. saline. The second dose, seven to nine days later, should be double these quantities. The dose of 500,000,000 represents 1 c.c. of a culture of twenty-four hours on gelose without peptone in 100 c.c. of saline. Diluted 1 to 40 and at the dose of 0.1 c.c. it fixes 0.1 c.c. of titrated guinea-pigs complement. (4) There is no general reaction and only an insignificant local reaction following these injections. The patient is in no way obliged to change his daily routine of living. These results are in marked contrast with Broughton-Alcock's experience of the reactions following the injections of the same number of killed bacilli in the vaccine of Wright-Leishman. An elevated temperature, a previous history of typhoid, and the time of menstruation are not contraindications to the giving of the living sensibilized *Bacilli typhosi*. (6) The sera of persons injected with sensibilized *Bacilli typhosi* have not been found to deviate complement and only rarely to agglutinate an emulsion of a young culture. Their addition, however, markedly increases phagocytosis. Probably they also contain anti-endotoxin bodies. (7) The detected presence of specific amboceptors, agglutinins, bacteriolysins, cannot be said to show the degree